Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003								,				
			FILED - PART I (Column 1) (Colum			SMALL ENTITY TYPE			OR	OTHER THAN SMALL ENTITY		
TOTAL CLAIMS			c/ 4				Г	RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMB	ER EXTRA	E	BASIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			∜ minus 20=		* .		f	X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =		***			X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESEN							f	+140=		1		
* If the difference in column 1 is less than zero, enter					"0" in c	olumn 2	L	 		OR	+280=	(سا بح
CLAIMS AS AMENDED - PART II								TOTAL		OR	TOTAL	757
	O	(Column 1)	(Column 2)			(Column 3)		SMALL	ENTITY	OR	OTHER SMALL I	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	.Total	*	Minus	**	_	=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X42=		OR	X84=	
<u>L</u>	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDENI	CLAIM			+140=		OR	+280=	
		,	1		,		ΔΙ	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colur		(Column 3)					7.0011.12.	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total` "	*	Minus *	**		=		X\$ 9=		оR	X\$18=	
	Independent	* NTATION OF MI	Minus	***	CLAIM	=		X42=		OR	X84=	
	1000000	1011 01 111	<u> </u>	ENDENT	<u> CEFTIVI</u>			+140=		OR	+280=	·
						₹,	Αſ	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
	,	(Column 1)		(Colur		(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		οŔ	X\$18=	
AME	Independent	*	Minus	***		=		X42=			X84=	
Ĺ	FIRST PRESENTATION OF MULTIPLE DEPENDENT C						-	+140=		OR		
*	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+280=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
	The "Highest Num	ber Previously Pa	id For" (Total or	Independe	ent) is the	highest number	found	d in the app	ropriate box	in col	umn 1.	

FORM PTO-875 (Rev. 12/02)

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